

prospective multifactorial population studies are often unrewarding. The effects of exercise are likely to be obscured by other more easily measured risk factors. But there is a widespread general belief, based on adequate physiological and collateral evidence, that physical conditioning is good for one. There is also good evidence that the response to physical conditioning is related to the total amount of work performed, the intensity, duration, and frequency of exercise. How these elements are combined to suit individuals depends upon factors such as age, state of health, and susceptibility to muscle and joint symptoms. Among the many benefits of exercise is its tranquillising effect (without the undesirable effects of many pharmacological tranquillisers).

One of the problems is the motivation of the elderly to undertake physical exercise. *Guide to Fitness after Fifty* discusses this, along with commentaries on the role of geriatricians and therapists. It is as well to remember that one of the conclusions of the Joint Working Party of the Royal College of Physicians and British Cardiac Society,<sup>4</sup> in their report on cardiac rehabilitation, was that centres interested in physical conditioning should be encouraged to study the most effective methods and to train and guide staff.

### Programme for action

As with most other aspects of rehabilitation there is very little experimental work which gives good guidelines for practitioners, and there is much unevaluated mythology. We need to evaluate current exercise programmes, and we need to encourage the practitioners to understand and employ well-constructed

experimental designs so that they can eventually distinguish the most effective ingredients in their "package deals," which for the elderly include exercises, counselling, day-centre attendances, occupational activities, and club activities. Finally, it will be important to correlate physical conditioning and subsequent physical improvement with increases in daily activity in the person's ordinary life.

Much in these two books should help us rethink some of our attitudes towards the elderly, and the facilities we should be providing. The encouragement of activity, including exercises, is clearly important. And above all we must recognise that, so far as social life is concerned, all that old people want is what is accorded to people of other ages—namely, privacy, and the right to establish relationships if they wish. Too often they are incarcerated in what Alex Comfort calls "mixed sex nunneries."

The philosophy and information presented in these two contrasting books could help us all to take a more realistic and a more kindly view of aging so that "the evening of my age" may become a "beauteous evening, calm and free."

<sup>1</sup> Department of Health and Social Security, *Priorities for Medical Care and Personal Social Services*. London, HMSO, 1976.

<sup>2</sup> *A Good Age*. Alex Comfort. Illustrated by Michael Leonard. (Pp 224; £5.95.) Mitchell Beasley. 1977.

<sup>3</sup> *Guide to Fitness After Fifty*. Ed Raymond Harris and Lawrence J Frankel. (Pp 356; \$29.40.) Plenum Press. 1977.

<sup>4</sup> Joint Working Party of the Royal College of Physicians and the British Cardiac Society, *Cardiac Rehabilitation*. London, Royal College of Physicians, 1975.

## Treating dissenters

EDWARD HARE

Russia hasn't changed since Ibsen said, "What grand oppression they have there, and what a glorious love of liberty it engenders." No liberal-minded person in a Western democracy, studying even a fraction of the evidence for the prosecution, can doubt that politicians in the USSR have been using psychiatry for the suppression of dissent. The technique was first employed in 1836, when Tsar Nicholas I declared the political writings of Pyotr Chaadayev to be "a farago of insolent nonsense worthy of a lunatic" and considered it more expedient to detain him as a madman than as a criminal. In 1941 a Moscow factory worker who refused to make a voluntary contribution to the war effort, on the ground that he couldn't afford it, was sent to a mental hospital as schizophrenic; his psychiatrist there is said to have doubted the diagnosis, but perhaps to have felt that detention in hospital was a milder sentence than the alternatives of prison or a labour camp. In 1959, *Pravda* reported Khrushchev as implying that disloyalty to communism might alone be a sufficient indication of unsound mind; and during the 1950s and 60s—either because the politicians found it increasingly convenient, or because dissent became louder and bolder—the detention of dissidents in psychiatric hospitals, and their treatment there, seems to have become increasingly common. Concern was first aroused in the West by the publication of Valery Tarsis's novel *Ward 7* in 1965; and in January 1971 the Canadian Psychiatric Association became the first medical body to denounce what appeared to be the abuse of

psychiatry in Russia. The Medvedevs' book *A Question of Madness*, published later that year, bore an inescapable ring of truth, and since then much evidence to confirm early suspicions has accumulated from smuggled-out *samizdat* writings and from the reports of émigrés.

### Evidence of guilt

In *Russia's Political Hospitals*,<sup>1</sup> Dr Bloch and Mr Reddaway set out to document this evidence. They have done their work exceptionally well. Their prose is lucid and their style simple and direct. With much scholarship they have reduced a mass of material to illustrate a single coherent theme. They provide full references for their statements; in a long appendix they give the names and details of the 200 and more persons known (since 1962) to have been interned in psychiatric hospitals for their political or religious convictions; and, by outlining the development of Soviet psychiatry and the present law on civil and criminal commitment for mental disorder, they allow the reader to assess the evidence in its appropriate context. The authors have not dealt with the political abuse of psychiatry as a general phenomenon, nor with instances of abuse in other countries. They take the role of a prosecuting counsel detailing the evidence which points to the guilt of the accused. Soviet politicians and the KGB are indicted for the brutal suppression

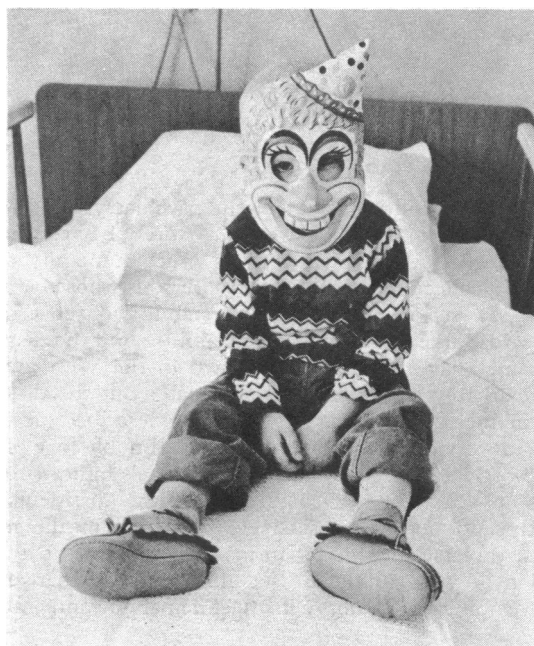
of free speech; and in aiding and abetting them Soviet psychiatrists—the forensic psychiatrists in particular—are guilty of the most serious professional misconduct.

In a milder form, the same general conclusions are reached by Dr Lader in *Psychiatry on Trial*.<sup>2</sup> But his book is both wider ranging and more personal. He had been symposium adviser to the World Psychiatric Association until 1973, when he was asked to resign (rightly, he says) for publicising his belief that the allegations of abuse in Russia had some foundation. He draws attention to the problem of diagnosis in psychiatry and to the now well-substantiated fact that the criteria for diagnosing schizophrenia differ from place to place, being broader and looser in the USA and USSR than in most other countries. For this reason, a person whose behaviour leads to a diagnosis of schizophrenia in the USSR might be considered mentally well in Western Europe. While Dr Lader believes there has been serious political abuse of psychiatry in Russia, in that the KGB have systematically referred dissenters for psychiatric investigation (with all that that may entail), he is less inclined to condemn the psychiatrists. Psychiatry, still weak in science and with vague and shifting boundaries, is a discipline peculiarly susceptible to social pressures. Under a system of State medical care, every doctor may face a conflict between his duty to his patient and his duty to society, but, from the nature of their specialty, the conflict is likely to be most intense for psychiatrists. The remedy, in Dr Lader's view, is for psychiatrists strictly to limit the field in which they claim expertise, to press on with the search for objective tests of illness, and to protect themselves from accusations of dishonesty and incompetence by insisting on lay supervision and the rights of patients.

### Danger of overreaction

The difficulties of diagnosis, and of understanding the ideals and traditions of a country very different from one's own, and of being sure that protest is not merely an expression of political disapproval, will for many people argue caution in reaching a conclusion on these complex issues. At a distance from the flames of persecution it is easy to overreact to what appears to be injustice and the suppression of liberty. One effect of overreaction is to include in our condemnation those of our countrymen and colleagues who seem to display insufficient zeal in the cause; and the personal attacks on the secretary of the World Psychiatric Association, made by the authors of both books here, can only be deplored by readers whose nature is less inclined to enthusiasm. Another effect of overreaction is to mistake accidentals for essentials. The conditions in some Soviet hospitals, so vividly described, may well be shocking and disgraceful; but it is an accusation which could equally be made of psychiatric hospitals in other countries, even the richest and most democratic. Moreover, although the dissidents were in some cases given treatment against their will, the treatment appears to have been no different from what would have been the routine for any patient with the same diagnosis. They were not given ECT, let alone leucotomy; and we should remember that in some Western countries it has been claimed that patients have been given ECT more for punishment than treatment.

Have Soviet psychiatrists behaved unethically in diagnosing mental illness where none exists? No certain answer seems possible. They have asserted—and the assertion cannot be disproved—that they followed the diagnostic criteria set out in their recognised textbooks. Whether those criteria are, in some absolute sense, too broad or too vague is surely a matter for academic dispute, until such time as new discoveries allow a more objective decision. Have Soviet psychiatrists unethically yielded to political pressure to inter dissidents on a trumped-up charge of mental disorder? To many, that might seem an improper question. An official answer must be no; and, where an individual answers yes, there seems no certain way in which a serious abuse of power can be distinguished from the kind of pressures exerted always and everywhere by authority. And if it



The treatment of childhood cancer is an emotive subject. Some people believe in doing as little as possible in order to avoid the distress engendered by postponing the inevitable, while others point to the success already achieved by aggressive therapy in acute lymphatic leukaemia and some solid tumours. In the final resort it is the parents who must make the difficult decision, but they are surely entitled to the support of compassionate and well-informed doctors. Ron Shuman, a freelance photographer on an assignment to film the oncology unit of the Children's Hospital at Stanford, was left in no doubt that the key to successful intensive treatment was the full involvement of parents and children in what the staff were trying to achieve. The result is *Day by Day* (Scrimshaw Press, California, 1977. \$13.95), a beautifully produced book of photographs and tape-recorded conversations, which vividly capture the spirit of dedication and optimism.

There is no sentimentality, but plenty of heart, rending (and heart searching). Many of the children came from other parts of the country having been given up as hopeless, and it is not difficult to see why. Every few pictures show the "IV lines" and bald heads of chemotherapy. Pain and suffering alternate with the pleasures of running round the wards—children are encouraged to be up and dressed—and playing with toys. The interaction of staff, parents, and children produces some of the most poignant photographs. The text, by contrast, is scrappy and inadequate, and ignores some important questions. What is the cost, both emotional and financial, especially in a country where treatment has to be paid for by the parents? Do results justify such heroic means? And how do you protect a child from the strong pressures of parents and staff? Is it possible, for example, to opt out of treatment? No doubt Stanford Children's Hospital as a centre of excellence is accustomed to facing awkward questions. It offers hope by substituting honesty for ignorance and fear, and distraught parents of children with cancer will be sustained by the spirit captured in this book.

were the case that political pressure on Soviet psychiatrists had been excessive and evil, the appropriate response of distant and more fortunate colleagues might seem to be one of sympathy rather than abhorrence.

### Two sides of the coin

Have Soviet politicians misused psychiatry to suppress dissent? In one sense, the answer must surely be yes. But *they* might argue that they acted with as much humanity as was possible in a collectivist society against persons whose behaviour constituted a serious threat to the stability of government. Ability, said Burke, is the enemy of stability; and the dissidents whose names have become well known in the West are, it is clear, remarkably intelligent and articulate. But the dissidents possess another quality: one which can be described (according to the point of view) either as a fearless and noble love of truth or as an obstinate determination to speak one's mind. From the accounts in *Russia's Political Hospitals*, the dissidents have steadfastly and perhaps obsessively persisted, in the face of warnings, threats, and milder forms of constraint, in the dissemination of what to the Soviet authorities are dangerously subversive opinions; and have in effect demanded and embraced

the modern form of martyrdom which they knew must follow. The dilemma of the Soviet government is similar to that which confronted the Catholic church in dealing with heresy, or the Romans in dealing with the early Christians, but with the difference that the modern dissident appeals from tyranny, not to God but to the Western democracies—a circumstance which can only strain the patience of his government still further.

An affair which concerns the fundamental responsibilities of doctors, the boundaries of medicine, and the relation between politics and health can hardly have a simple explanation or a simple resolution; and that the issues are not so clear cut as the present authors imply was perhaps shown at the recent World Congress of Psychiatrists in Honolulu, where the motion condemning Soviet practices was carried by 90 votes to 88. However great our concern for justice in individual cases, more international contact rather than less is likely to be the better policy, and we must not allow an outrage for what has happened in Russia to blind us to its wider implications and to the shortcomings of our own practice of psychiatry.

<sup>1</sup> *Russia's Political Hospitals: The Abuse of Psychiatry in the Soviet Union*. Sidney Bloch and Peter Reddaway. (Pp 510; £6.95.) Victor Gollancz. 1977.

<sup>2</sup> *Psychiatry on Trial*. Malcolm Lader. (Pp 202; 80p.) Penguin. 1977.

## Folger Shakespeare Library, Washington DC

STEPHEN MILLER

In this Jubilee year of H M Queen Elizabeth II it is surely appropriate to draw attention to an institution rich in the treasures and lore of her predecessor, Queen Elizabeth I. Henry Clay Folger was president of the Standard Oil Company of New York from 1911 to 1928 and his wife, Emily Jordan Folger, possessed the rare distinction of a Master's degree in English Literature from Vassar College. The Folgers' enthusiasm for Shakespeare was inspired by Ralph Waldo Emerson in a lecture he gave in 1879, and Mrs Folger's thesis entailed collecting together as many copies of early editions of Shakespeare's plays as possible in order to arrive at a "true text" of what Shakespeare actually wrote. This aim became a life study.

Mr and Mrs Henry Folger spent many of their holidays in England during the early part of this century and gathered together everything they could lay their hands on relating to 1485-1715. By 1932 they had collected editions of rare books and documents of the Shakespeare period, as well as material connected with his plays up to the end of the 19th century.

The library is located in Washington DC two blocks from the US Capitol and next to the Library of Congress—a site which reflects the founder's realisation that Shakespeare and the world in which he lived are an important part of American as well as British heritage. The library was presented to the American people by the Folgers, and its editions of Shakespeare's plays include the First Folio edition of 1623 and 79 of the 240 copies of the First Folio known to exist. In addition, there are prompt-books, play bills, and commentaries on Shakespeare providing a library unsurpassed by any other. It is administered by the Trustees of Amherst College (Mr Folger's alma mater) for advanced research in history and literature, as witness the many

booklets published with such titles as *The Government of England Under Elizabeth*.

### Museum and theatre

The Folger building itself is an introduction to Shakespeare's work and times. On the East Capitol Street front are nine bas-reliefs of scenes of Shakespeare's plays, executed by the noted American sculptor John Gregory. An enchanting figure of Puck, by Brenda Putnam, is on the west side facing the Capitol. As the visitor progresses through the interior the architecture becomes more and more Elizabethan. The exhibition gallery, with its specially made tile floor, oak panelling, and vaulted ceiling, suggests the interior of a great Elizabethan hall. Queen Elizabeth's coat of arms is carved above the east end door. Beyond it is the theatre. Designed to give an impression of a characteristic public playhouse of Shakespeare's time, it is not an exact reproduction of a particular theatre. The typical Elizabethan public theatre had a roofless yard, where most of the audience stood; this is suggested in the Folger theatre by a unicorn canopy covering the pit. Among the general features of the Elizabethan theatre incorporated at Washington are the inner stage, the balcony, and the "heavens"—a trap door which may have been used for "flying" actors from an upper room on to the stage. This year *A Midsummer Night's Dream* was performed, but, alas, all seats were booked within hours of its announcement, and a casual visitor from Shakespeare's country such as myself was regrettably excluded.

Another delight in this year's exhibition was an exhibition on